

ENLISTED APPLICATION AND ORDERS  
TO A NAVAL RESERVE UNIT (NON-OBLIGOR)  
CNAVRES 1326/4 (2-79) S/N-0117-LF-013-2620

PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 United States Code 301, Departmental Regulations. Purpose of this form is to permit an individual to apply for assignment to a Naval Reserve drilling unit. The information is used to evaluate individual's request for assignment to a drilling unit and to notify him/her of that decision. Form becomes a part of the individual's personnel record. Completion of this form is mandatory. Failure to provide required information may result in an inability to process this application.

|  |                      |                       |                 |
|--|----------------------|-----------------------|-----------------|
| NAME (Last, first, middle)                                     | SSN                  | RATE                  | EXP. OBL. SERV. |
| PRESENT ADDRESS (Street, and Number, City, State and Zip Code) |                      | SERVICE RECORD HOLDER |                 |
| DATE RELEASED FROM ACTIVE DUTY                                 | LAST SHIP OR STATION |                       | DATE OF BIRTH   |

I hereby request Inactive Duty Training orders for assignment in: ☐ Drill Pay Status ☐ Non-pay Status  
To: (Name and Mailing address of Unit, Including APC)

I understand that this assignment is made contingent upon the needs of the Naval Reserve and can be terminated by proper authority when those needs dictate such action.

I understand that issuance of orders as a result of this request is contingent upon my eligibility for assignment based on current directives. Information subsequently received which indicates otherwise will be cause for termination.

I have been examined and found physically qualified within the past year and I hereby certify that to the best of my knowledge there has been no material change in physical condition since that examination.

I understand I am required to promptly notify my Commanding Officer of any change in my physical condition.

I certify ☐ I am ☐ I am not drawing a pension, retired pay, or disability compensation from the United States Government for prior military service, and that ☐ I have ☐ I have not a claim pending for any of the aforementioned types of compensation.

☐ I am enclosing NAVPERS 1200/1 requesting transfer to/retention in the Ready Reserve

☐ I am a member of the Ready Reserve until \_\_\_\_\_  
(Date)

I understand that I am required to participate satisfactorily for the duration of my enlistment or a minimum of one year, provided I am eligible in all respects. I further understand that satisfactory participation consists of a minimum of 90 per cent drill attendance and/or the performance of annual active duty for training as required by my assigned training category.

I understand that my training category is \_\_\_\_\_ and that I am required to perform \_\_\_\_\_ drills and \_\_\_\_\_ days active duty for training annually.

I understand that if I request to terminate this assignment, the date approved for termination may not be less than 12 months from the date of the request, except in case of transfer to another unit, or extreme personal or community hardship, as defined in BUPERSMAN.

I AM AVAILABLE FOR IMMEDIATE ACTIVE DUTY IN EVENT OF WAR, NATIONAL EMERGENCY DECLARED BY CONGRESS OR THE PRESIDENT, OR AS OTHERWISE AUTHORIZED BY LAW. I AM NOT ENGAGED IN ANY CIVILIAN OCCUPATION OR PURSUIT NOR AM I AWARE OF ANY HARDSHIP OR DEPENDENCY SITUATION WHICH WILL RESULT IN A REQUEST FROM ME, OR FROM ANY OTHER SOURCE, FOR CANCELLATION OF ACTIVE DUTY ORDERS. SHOULD MY STATUS CHANGE TO INVALIDATE THE FOREGOING, I WILL INFORM MY COMMANDING OFFICER IMMEDIATELY.

|      |                        |
|------|------------------------|
| DATE | SIGNATURE OF APPLICANT |
|------|------------------------|

From: Commanding Officer \_\_\_\_\_  
To: The above named reservist

1. ☐ Returned, approved. You are assigned to \_\_\_\_\_ in a \_\_\_\_\_ status effective \_\_\_\_\_. You are advised that computation toward satisfactory participation commences on the effective date of assignment. Your records are maintained by the unit to which you are assigned. When directed by appropriate authority; or upon announcement via radio, other news media, or other means, report on M-Day (or as otherwise directed) to your assigned drilling unit.

2. ☐ Disapproved, because:

|   |                        |
|---|------------------------|
| DATE  | SIGNATURE              |
| I accept the foregoing assignment fully understanding that while engaged in training pursuant thereto I shall be subject to the provisions of the Uniform Code of Military Justice. |                        |
| DATE  | SIGNATURE OF RESERVIST |